

## Introduction and Directions for Completing the Asbestos in Distribution System Exemption Form

### Introduction:

All Community (COM) and Non-Transient-Non-Community (NTNC) systems are required to sample for asbestos in their distribution system once at the beginning of each 9-year compliance cycle, unless they have submitted to the DEP an Asbestos in Distribution System Exemption Form. Many COM and NTNC suppliers submitted an exemption form to the DEP when they were first made available at the beginning of the 1993-2001 compliance cycle. The exemption form has been updated (below) and may be submitted by suppliers that have not previously submitted an Asbestos in Distribution System Exemption Form and who are able to certify that their distribution system does not contain any asbestos-cement pipe and/or asbestos-cement vinyl lined pipe. If you are uncertain whether an exemption form has been submitted for your distribution system, you may either contact the Boston office or your regional office; or you can submit the completed form (provided that you are able to make the certification).

### Directions for Completing Form:

1. Complete and return this form only if your system does **not** have asbestos-cement pipe and/or asbestos-cement vinyl lined pipe in the distribution system.
2. Include your public water system identification number (PWS ID# consisting of 7 digits) on the form.
3. Sign the certification statement in Section A of the Asbestos in Distribution System Exemption Form. Remember to keep a copy for your own files.
4. Section B, item 4: If the primary Certified Drinking Water Operator for your **distribution system** is not the same person as the primary Certified Operator for your treatment system, then enter the name and phone number for your primary **distribution system** operator.
5. Mail the original signed form plus one signed copy to:

MA DEP/DWP  
Waiver Coordinator  
One Winter Street, 6<sup>th</sup> Floor  
Boston, Massachusetts 02108

## Directions for Completing the Electronic Version of the Form

1. The form requires an IBM compatible computer and Microsoft Word97 or more recent version. If you do not have an IBM compatible computer and Microsoft Word97 or higher, please use the paper version of the form or the pdf version of the form on DEP's web site. Both the electronic version of the form and the pdf version of the form can be downloaded at <http://www.mass.gov/dep/brp/dws/waiver.htm> under 'Forms and Instructions'.
2. Improve the look of the form by ensuring the gridlines in Microsoft Word are turned off. To turn off the gridlines, open Word, go to the Table menu, and click on Hide Gridlines.
3. To navigate through the form or move from question to question:

Forward: Use the tab key or the right arrow key.

## COM/NTNC – ASBESTOS CERT

Backward: Hold down the shift key and the tab key at the same time or use the back arrow key.

Reposition: Use the mouse to point and click. If the enter key is pressed, you will need to press the backspace key to return to the visible field you were typing in.



**Massachusetts Department of Environmental Protection**  
 Bureau of Resource Protection – Drinking Water Program  
**Public Water System Asbestos in Distribution System**  
**Exemption Form**  
 For Community/NTNC Public Water Systems

COMMUNITY/NTNC

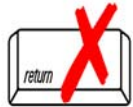
PWSID#:

Name:

City/Town:

## **A Certification**

Please use the tab key to move forward.



If you press the enter or return key, please press the backspace key until the form returns to normal.

I certify under penalty of law that to the best of my knowledge and records, **this public water system does not have any asbestos-cement pipe or asbestos-cement vinyl lined pipe in the distribution system** and, therefore, is not required to sample for asbestos in the distribution system. I also certify that I am authorized to fill out this form, and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Name of Certifying Person	Title
Phone Number	Fax Number
Signature of Certifying Person	Date (mm/dd/yyyy): please type in the slash in between month, date, and year.)

## **B Public Water System Information**

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.)

PWS Physical Street Address	City/Town	State	Zip Code
PWS Mailing Address	City/Town	State	Zip Code
Phone Number	Fax Number (if available)	http:// Web Site Address of PWS (if available)	

2. Owner Information:

Owner's Name (if not municipal):

3. Primary Contact:

Name	Phone Number
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4. Primary Certified Operator for Distribution:

Name	Phone Number
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### **FOR DEP USE**

WQTS UPDATED: ☐

COMMENTS:

This form may be obtained electronically at <http://www.mass.gov/dep/brp/dws/waiver.htm>